

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 5/30/11

PRINTED: 04/18/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/15/2011
NAME OF PROVIDER OR SUPPLIER  HEALTH CENTER AT STANDIFER PLACE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WALKER RD CHATTANOOGA, TN 37421		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 172 SS=D	<p>On April 4-6, 2011 at The Health Center at Standifer Place, complaint #24214, #24918, #25025, #26158, #27288, #27418, #27525, and #27600, were investigated. Deficiencies were cited for complaint #27418 under 42 CFR PART 482.13, Requirements for Long Term Care. 483.10(j)(1)&amp;(2) RIGHT TO/FACILITY PROVISION OF VISITOR ACCESS</p> <p>The resident has the right and the facility must provide immediate access to any resident by the following:</p> <p>Any representative of the Secretary;</p> <p>Any representative of the State;</p> <p>The resident's individual physician;</p> <p>The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);</p> <p>The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);</p> <p>The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);</p> <p>Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and</p>	F 172	<p><u>Tag: F172</u></p> <p>1) The "Visiting Times" sign posted at the entrances to the 700 unit (Respiratory Hall) were taken down immediately, prior to the surveyor exit. The signage was not intended to restrict visiting times, but to only suggest the most optimal times to visit, giving the acuity and the care needs of the resident living on the Respiratory/Ventilator hall. Meetings were held with 700 unit families prior to the posting of the Visiting Hours and they were given "door cards" which allowed them to enter and visit at anytime. The "Visiting Hours" signage has been replaced with signage that only recommends or suggests the optimal visiting times.</p> <p>2) The facility will continue to ensure that the resident's visitation rights are protected by allowing families and visitors 24 hour access to residents, unless otherwise directed by the resident or their responsible decision maker. The visiting hour signage for the 700 unit now reads that the times listed are only recommended and suggested times. The facility's Administration will continually monitor that visiting rights of the residents are protected through daily observation of care rounds. These rounds will be conducted by the Administrators, DON, ADON, Department Heads, Head Nurses and shift Supervisors.</p> <p>3) The facility will conduct an in-service for partners in regards to "Resident's Visitation Rights". This in-service will be conducted by the Staff Development Coordinator, ADON and the Social Services Department. This in-service will be conducted during the weeks of May 9 and May 16, 2011.</p>	<p>04/05/11</p> <p>05/0/11 &amp; ongoing</p> <p>05/30/11</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*John R. H.*

Administrator

4-29-11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 02 2011

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F 172	<p>Continued From page 1</p> <p>Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.</p> <p>The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure residents' visitation rights were protected for one hall (700 hall which is a respiratory unit) of eleven halls.</p> <p>The findings included:</p> <p>Observation on April 5, 2011 at 8:30 a.m., with the Assistant Director of Nursing (ADON) outside the entrance door to the 700 hall revealed a sign stating "Visiting Hours: Monday - Friday 10:00 a.m. to 2:00 p.m. and 5:00 p.m. to 8:00 p.m.; Saturday and Sunday 10:00 a.m. to 8:00 p.m."</p> <p>Interview on April 5, 2011 at 8:30 a.m., with the ADON outside the entrance door to the 700 hall confirmed the sign indicated restricted visiting hours " ...but family are only encouraged to not visit during those hours so respiratory and nursing staff can provide care ...some family have access cards ...some families visit during those times ..."</p> <p>Interview on April 5, 2011 at 8:35 a.m., with a resident's family member on the 700 hall confirmed the staff had provided an access card</p>	F 172	<p>4) The facility will conduct a Quality Assurance/Improvement audit regarding "Resident's Visitation Rights" by interviewing several alert and oriented Residents as well as families residing on the 700 Unit (the only unit with signage recommending or suggesting visiting times) to ensure that they understand that the residents have 24 hour access to families and visitors unless otherwise directed by the resident or their responsible decision maker. Additional studies will be conducted, if necessary based on the outcome of the original study. The study will be conducted sometime before the end of the second quarter of 2011. The audit will be conducted by the ADON and Social Services. The results of this audit will be presented to QA/I Committee at the next QA/I committee following the end of the quarter. The QA/I committee is composed of Administrators, Medical Director, Director of Nursing, Assistant Director of Nursing, Dietician, Rehab Director, Social Service Directors, Food Service Director, Falls Prevention Nurse/Coordinator, Housekeeping Director, Central Supply Director, Laundry Director, Bookkeeping Director and other staff invited to observe and participate.</p>	05/30/11 & Ongoing (if necessary)	

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F 172	<p>Continued From page 2 to the unit and the family member enters the unit without problems.</p> <p>Interview on April 5, 2011 at 8:35 a.m., with a Respiratory Therapist on the 700 hall confirmed some family member are present on the unit outside the time the sign indicates for visiting and the staff and family members "work together".</p> <p>Interview on April 5, 2011 at 10:30 a.m., with the Administrator of Daily Operations in the conference room confirmed the sign will need to be changed as it restricts visiting hours for the residents.</p> <p>C/O # 27418</p>	F 172			

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